LETTERS TO THE EDITOR

Should training in colposcopy be obligatory in higher specialist training in genitourinary medicine?

Several papers[1–3] have highlighted the important role of colposcopy in genitourinary medicine (GUM). A recent survey[4] shows that 32% of GUM clinics provide a diagnostic colposcopy service with over 50% of these clinics additionally providing outpatient treatment facilities for varying degrees of cervical intraepithelial neoplasia (CIN) confirming that colposcopy is established as an integral part of GUM clinic practice. It is therefore expedient for us to consider colposcopy training as obligatory for higher medical training in GUM to achieve the standards expected of a competent colposcopist[5,6] and to consider a programme of training to achieve this.

It is our belief that colposcopy services within GUM should aim to provide both diagnostic *and* outpatient treatment modalities of the highest standard with close links between cytology, histopathology and gynaecology. We believe that the programme outlined below would provide adequate training in colposcopy to achieve this and that the Specialist Advisory Committee (SAC) in GUM should consider incorporating this or a similar programme as a Higher Specialist Training Requirement for Accreditation in GUM.

Proposed programme for colposcopy training in genitourinary medicine

The trainee should hold a post in GUM approved by the Joint Committee on Higher Medical Training (JCHMT).

Prior to this colposcopy training, those trainees without Membership of the Royal College of Obstetricians and Gynaecologists should have completed training in gynaecology as experience in clinical gynaecology is essential in cases where co-existing gynaecological pathology may complicate management strategy. It is, therefore, essential that the trainee completes six months in a Joint Committee on Higher Medical Training approved gynaecology post or attachment prior to commencing the training programme in colposcopy.

The training period in colposcopy should be six months with at least one session per week with an Approved Trainer. This should include both diagnostic colposcopy and exposure to the various outpatient treatment modalities. During this period it is essential that the trainee attend three sessions with a cytologist/histopathologist and complete an approved educational course on basic colposcopy.

The Approved Trainer should be a consultant genitourinary physician or a consultant gynaecologist with at least 2 years experience of providing a regular colposcopy clinic, preferably with treatment facilities for CIN and should see at least 3 new patients per clinic. The training should be under consultant supervision. Effort should be made to expose the trainee to advanced cervical pathology, that is, microinvasion and cervix cancer and attendance at the local gynaecological oncology unit may be desirable.

A separate certification is not required but it must be left to the supervising consultant(s) of the JCHMT approved post in GUM to ensure that this training is provided and to make available the details of the training programme to the SAC for approval.

We sincerely hope that due consideration will be given to this letter and appropriate steps taken to implement a programme of training with the prime aim of providing a high standard of colposcopy service within GUM in keeping with the high standard we presently provide in the management of other STDs and related conditions and additionally, to allay the fears of those gynaecologists who are concerned that the standard of colposcopy in GUM may not be up to expectation.

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HIV infection in Tirupati, India

The AIDS and HIV infection appears to be a truly new condition in each of the populations it has affected and is a highly lethal epidemic that was first reported in May, 1981.[1] In India by April 1986 the existence of HIV infection and AIDS was established, which heralded serosurveillance of high risk